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ABSTRACT

The North Carolina Department of Correction, Division of Prisons, provides two deinstitutionalization services for mentally retarded, incarcerated offenders. These projects, funded by monies provided by the Council on Developmental Disabilities, serve mentally retarded youthful offenders (age 17-21) and retarded female offenders regardless of age. The youthful offenders tend to be first incarcerates, mildly to moderately retarded (I.Q. 69 to 36 inclusive), passive as compared to other youthful offenders, and serving a felony sentence of 10 years or less. All retarded female offenders, regardless of age or sentence, are served. Both projects provide on-site services by means of Developmental Disabilities (D.D.) Specialists who insure than an Individual Habilitation Plan is appropriately prepared and then followed. Social Workers, based in the field, provide casework services to the families of the inmate, and to the inmate after parole. All appropriate local agencies such as the Vocational Rehabilitation and Social Services are contacted in order to insure adequate off-site services. Both the coordinators and social workers provide advocacy services to the inmate while in prison and after parole. (Author)

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DEINSTITUTIONALIZATION SERVICES FOR MENTALLY RETARDED OFFENDERS

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DEINSTITUTIONALIZATION SERVICES

To better understand how these projects are attempting to make appropriate deinstitutionalization services available to mentally retarded offenders, one needs to see how these offenders relate or fail to relate to the social system (society) and how these projects attempt to modify or reshape these relations. In order to provide a common ground for disucssion, certain definitions are first needed.

The American Association on Mental Deficiency defines mental retardation as a condition which exists when there is "significantly subaverage general intellectual functioning concurrent with deficits in adaptive behavior which is manifested during the developmental period" (Grossman, 1973, p. 11). To further clarify, the Association defines "significant subaverage performance" as "existing when an individual scores two standard deviations below the mean using standardized tests". (p. 11) On either the Wechsler or the Stanford-Binet, this is a score of approximately 70. To continue, the Association defines "adaptive behavior" as "the effectiveness or degree with which the individual meets standards of personal independence and social responsibility expected of his age and cultural group". (p. 11)

Criminal behavior is simply that behavior that has been defined, after due process, as being in opposition to society's stated legal codes. Santamour and West have developed a conceptual framework wherein they treat mental retardation as a problem of dependency (Santamour and West, 1976). That is, the mentally retarded individual has a maturation process which is not arrested at any point along the developmental continuum period. Rather it lags behind normal maturational rates. This lag is further attenuated by adverse societal affects. The mentally retarded individual is rejected by others. This rejection, increases the fact that society tends to have very much lower expectations, adds to the overall inhibition effect. This inhibition, or lag, in turn leads to dependency which over time becomes excessive (Santamour and West, 1976, Chapter 4).

Using this framework, it is possible to equate the mentally retarded individual's excessive dependency to other individuals need to conform. For example, Sherif's classic study demonstrated that in a situation in which the individual is unable to ascertain if his answer is correct, he is almost completely dependent upon the group for his behavioral selection (Sherif, 1936). Asch, in his study, found that individuals made an unusual number of mistakes due to group pressure (Asch, 1951). Newcomb's Field Study found that changes in political belief resulted in pressure to conform to campus community standards (Newcomb, 1943). Group power seems to be a social psychological force which defines the possible range of behavior within which the individual operates. The group "generates" and sustains conformity by setting standards and providing criterion. The mentally retarded individual, due to his lowered ability to quickly make decisions, becomes over-conforming and over-dependent.

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The President's Committee on Mental Retardation reports the following:

- In 59% of all cases studied, the mentally retarded person entered a plea of guilty;
- In 40% of those cases where a guilty plea was not entered, the retarded individual waived his right to a jury trial;
- The arresting charge was the same as the convicting charge in 80% of the cases, meaning that only 20% of the retarded plea bargained or were otherwise granted a reduced charge;
- Confessions or incriminating statements were obtained from fully two-thirds of the retarded defendants;
- In 88% of the cases, the verdict was not appealed;
- No post-conviction relief was requested in 84% of the cases;

(President's Committee on Mental Retardation, 1978, p.28)

Coupled to this differential treatment incurred by these individuals is their inability to appreciate the consequences of their criminal acts or to understand the behaviorial expectations placed on them by the courts and other officials. Many of them seem not to have acted in a premeditated manner, but rather from an inability to hold back expression of impulses as they occur. The prison experience does not seem appropriate for these persons as a deterant for their inappropriate behavior. Rather, their highly suggestible natures, their inability to defend and represent themselves adequately throughout legal procedures, and the lack of appropriate referrals available to the court were the major factors leading to incarceration. Of course, there is a certain percentage of retarded individuals whose continued violent acting out requires incarceration. This group, however, did not participate in the grant programs.

The projects to be described have been designed to let the mentally retarded offender develop and master skills necessary at one level of functioning prior to moving to the next. A gradually less restrictive situation allows the offender to develop at his own pace but within the context of clearly defined, mutually agreed upon treatment and correctional goals. On-site specialists in conjunction with off-site social workers continuously monitor the offender's progress and offer treatment, aid, and advocacy services whenever necessary. By progressing through the gradually less restrictive treatment regime, the mentally retarded offender arrives at his own solutions to adaptive imperatives and should be able to seek his own level of functioning upon release.

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Specific information concerning the retarded offender and his individual situation needs to be identified, clarified and then communicated to the responsible official. Appropriate community or institutional services must be identified. For example, a retarded offender whose behavior is non-aggressive is in no way helped by being subjected to the rigors of prison security. Likewise, since some retarded offenders are violent, appropriate secure prison settings must also be available. It is necessary that staff dealing with these offenders be mindful of the differing levels of abilities and skills of these offenders. They must not assume that each offender requires the same program with the same degree of emphasis. The Developmental Disability Specialist aid the staff in their dealings with these offenders as one of the major problems is this person's inability, or partial inability, to think abstractly and then communicate verbally with authority figures.

The programs described here include early diagnosis, evaluation and classification, and resource identification and referral through a case management system. These programs are in operation at the Morrison Youth Center and the North Carolina Correctional Center for Women.

MORRISON YOUTH CENTER PROJECT

METHOD

BACKGROUND

Morrison Youth Center has been designated as a special unit for first offender male or female youths or youths who are unable to function and live in safety in the more normal institutional dormitory. These youths (18-20 years old) may be inadequate or unable to defend themselves from physical and/or sexual abuse due to small size, a developmental disability such as mental retardation, or some other debilitating factor. The program at Morrison is being designed to allow these inmates to live in a "more normal" prison life. The institution is a mixed medium/minimum unit with a double fence and manned gun towers around the medium custody enclosure. A school with academic, vocational and library services operates eight hours per day. Morrison houses 325 youths.

GOALS

The overall goal of this project has been to develop and implement a deinstitutionalization program for mentally retarded youthful offenders. Theoretical goals are to reduce the number of developmentally disabled youthful offenders who return to prison after release due to the nature of their debilitation and lack of appropriate family, community and agency support. Further, other goals are to reduce the length of stay in prison for this population and to reduce the level of "critical" incidents. The project has lasted twenty-four months (with additional extensions if allowable) and is divided into various phases. These phases allowed the staff to consolidate all program gains and to correct project deficiencies prior to moving into the next phase.

Deinstitutionalization Services

STRATEGY

As a comprehensive correctional institution, Morrison Youth Center offers a wide range of academic/vocational educational opportunities, counseling services, including M.A./Ph.D. level psychologists, psychiatrists, clinical chaplains, recreational and other correctional programs. Also offered is a complete and comprehensive Vocational Rehabilitation sponsored program. These programs, however, do not take into account the more specialized problems of mentally retarded youthful offenders and their families. It is the task of the Developmental Disability Specialists to allow the institution to meet the needs of these youths while at the same time offering individual treatment plans which allow the youths to participate as much as practicable in the more normal programming of the institution.

After the initial identification of the mentally regarded youthful offender and their transfer to Morrison, the staff work closely with the inmate in order to design individual habilitation plans. Rather than designing the program around a rigid time versus progress structure, the project attempts to establish specific mutually agreed upon treatment goals for every resident within a generalized time-frame. Progress for each resident is then measured against these individualized habilitation plans, and promotions, etc., are coordinated through the institutional classification committee.

This project has been designed to move the developmentally disabled youthful offender through a program of structured change which places increasing responsibility upon the offender. The offender begins with intensive programming at the Morrison Youth Center and gradually moves through security levels and dorm assignments until he is granted parole. Movement towards a gradually less structured situation is determined by an individual habilitation plan. The outreach component of this project (social worker) allows the Division of Prisons to transfer responsibility to the offender and his family in conjunction with locally available human services. This allows the offender (now on parole status) to fully participate in all services offered by the local agencies.

The following schedule suggests the sequence of events:

PHASE I: Recruitment, hiring and training of all staff. As part of this training, a five week program in corrections at the North Carolina Criminal Justice Academy was completed. This training is mandated by State law. (Completed February 1978)

PHASE II: This phase involved the actual project design and implementation at Morrison Youth Center. Coordination of the activities of the various prison program components such as psychological services, medical and psychiatric services, and the more specialized educational and vocational services was implemented. (Completed January 1978)

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PHASE IIA: Concurrent with Phase II, the social workers began establishing relations with local county/state service agencies. This Phase is on-going throughout the project as inmates are identified in new counties and new service linkages are required. (Began February 1978)

PHASE III: This involved the initial selection of participants and the opening of the on-going intensive programming at Morrison Youth Center. Each youthful offender upon entering prison will undergo a normal reception process at either Western Correctional Center (17 and under), Polk Youth Center, or Harnett Youth Center. Candidates will be identified as being appropriate for this project (level of retardation) and also as appropriate for the overall Morrison Youth Center program (non-aggressive, first offender, etc.). The offender will be transferred to Morrison through the appropriate classification mechanism after a general correctional program plan has been formulated. (Note: Retarded offenders under 18 years of age will be retained at Western Correctional Center until their 18th birthday before transferring to Morrison.) Advance notification of transfer will be sent to Morrison for all potential project eligible offenders.

At Morrison, the offender is received by a project Developmental Disability Specialist. This specialist will determine if the potential participant's debilitation is such that he can benefit from the project and that he meets other criteria as appropriate. The specialist, after consultation with the Morrison staff psychologist, school principal, program service staff and other appropriate service agencies, negotiates with the offender to develop an appropriate Individual Habilitation Plan. This plan sets appropriate short and long term goals and objectives in all necessary life, developmental and correctional areas. The coordinator and offender will then meet with the Morrison Youth Center Classification Committee where the habilitation plan will be formalized and presented to the superintendent for signature. If appropriate, the plan will be sent to the Mutual Agreement Program staff for presentation as a release contract to the Parole Commission.

Project staff, including social workers began establishing specific mutually agreed upon contracts for every program participant. These Mutual Agreement Program contracts establsihed specific treatment and correctional goals for each inmate within a specified time frame. Release at the end of the contract period on parole is guaranteed. These contracts were then formalized and signed by the inmate, a representative of the Division of Prisons, and three Parole Board members. It is the Attorney General's opinion that these contracts are binding by law (Urbanik, 1976).

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Once the individual habilitation plan has been accepted, the specialist will act as counselor, case manager and advocate for the participant. The specialist insures that the participant is not denied access to any appropriate service offered at Morrison. Further, the coordinator has regular formal and informal contract sessions with the participant to assess how well the habilitation plan is being followed. Regular progress reports are submitted to the superintendent and the inmate's central record for all participants. Finally, the coordinator acts as advocate and representative for the participant at the regular classification meetings and at any disciplinary meetings that may be needed. This advocacy role includes regular sessions with the institution staff to insure that the participant is able to benefit from all appropriate resources.

Immediately after the initial phase of habilitation planning, the participant's case is assigned to a social worker. The social worker interviews the participant to determine the level of social and familial debilitation. After this has been accomplished, the social worker initiates contact with the participant's family and determines what, if any, needs the family may have that must be dealt with prior to the participant's release. The social workers holds regularly scheduled sessions with the family and offers appropriate casework services. If the family is in need of extensive services, the social worker will refer the family (or individual member) to the appropriate local service providing agency. This may be the local office of the Employment Security Commission, Mental Health, the local community college or any other agency. The social worker continues to offer casework services to the family throughout the duration of the project.

The social worker maintains contact with the participant through regular monthly casework conferences at Morrison. This will involve a joint session with the participant and D.D. Specialist to discuss progress on the habilitation plan. The family of the participant will also be included in these meetings whenever practical.

The social worker offers immediate casework services to the participant by designing the release plan. This will involve job or school development and placement, and the appropriate home placement. The home placement will either be the participant's family, an appropriate local agency such as a halfway house or group home, or an approved apartment or boarding home. These later placements will occur only if the participant's family situation is such that his return would be entirely inappropriate. This is intended to aid the participant in developing a release plan, a plan which for mentally retarded offenders is very difficult to develop.

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PHASE IV: This phase involves the completion of the on-site programming and a total phase-in of off-site services. The offender will be either on parole or conditional release status. The social worker maintains contact with the new parolee and his family, and works closely with the supervising parole officer. Contact in terms of feedback will be maintained by the Morrison staff but total program service responsibility has been transferred to the social worker and local service agencies. (Note: If the inmate's family situation is such that the Parole Commission will not approve the home plan, the social worker will identify alternative placements within the community.)

The social worker will continue to offer casework services both to the participant and his family after release on parole. Also, the social worker acts as an advocate for the partic pant in his dealings with the supervising parole officer. This may include regular filed reports, case conferences and other meetings. This may also include helping the participant gain permission for job changes, necessary travel and other events such as marriage.

PHASE V: One year follow-up. Records are reviewed by the Morrison project staff and contact with the social worker and parole officer will be re-established to determine the "success rate" of the project. All parolees are interviewed using a standardized format and court records are examined to determine the percentage of parolees who have remained at liberty in a functional manner.

A final report will be compiled and submitted to the Council on Developmental Disabilities at the end of the grant period. A cumulative report will be filed at the time the application for continuation funding is submitted. This report will include all cumulative data and information on records addressing in detail the evaluation criteria. In order to determine whether any behavioral change in project participants or reduction in future convictions of project participants is a result of their involvement, randomly selected control groups will be used whenever possible, and matching or other means of selecting demonstrably similar comparison groups will be employed.

This project is also included in the N. C. Department of Correction in-house evaluation process. The evaluation designed for this project will be subject to the review and approval of the evaluation staff and will incorporate, but not replace, the evaluation criteria outlined. Federal, state, and departmental regulations governing the confidentiality of client records will be strictly enforced.

It is anticipated that 120 youthful offenders will participate in the Morrison project. This is 2.9% of the youthful offender population as compared to 4.9% of the adult male population. It is further anticipated that the racial breakdown of participants will closely reflect that of the general prison population. That is, 54% black, 44% white and 2% indian.

Deinstitutionalization Services

To summarize, this project has been designed to move the developmentally disabled youthful offender through a program of structured change which places increasing responsibility upon the offender. The offender will begin with intensive programming at Morrison Youth Center and will gradually move through security levels and dorm assignments until he is granted parole or conditional release. This gradually less structured situation will be determined by an individual habilitation plan and a Mutual Agreement Program Contract. The outreach component of this project allows the Division of Prisons to transfer responsibility to the offender and to his family in conjunction with local services. This allows the inmate (now parolee) to fully participate in all services offered by the local agencies.

THE NORTH CAROLINA CORRECTIONAL CENTER FOR WOMEN'S PROJECT

METHOD

BACKGROUND

The second program funded with Council on Developmental Disabilities monies is Project Rise (Retarded Inmate Success Experience) at the North Carolina Correctional Center for Women. Mentally retarded female offenders in prison present a series of personal, familial, and social needs much different from the average male inmate. In addition to the obvious developmental disability, the mentally retarded female offender has adopted a lifestyle which tends to make her much less functional and more prone to continued anti-social activities.

Nowhere in the system is the deficiency for programs for mentally retarded offenders more acute than at the N. C. Correctional Center for Women. The Department of Correction has part of its population, a large number of women who, by professionally accepted definitions, are mentally retarded. Partly as a function of the deficiency in adaptive behavior and cognitive functioning, these women have found their way into the correctional system. They appear to be unable to successfully negotiate, adapt to, or learn from the incarcerated experience. Instead, they are often abused, manipulated, and coerced by other inmates. In addition, they are misunderstood by often untrained correctional staff. The net result is that the retarded female offender acts out, demonstrates poor inter-personal relations both with other inmates and with staff, adapts poorly to environmental demands, and generally is unable to work her way through the correctional system in a fashion that enhances her ability to adapt to post prison life. Ultimately, she returns to the institution.

Initial screening and evaluations suggest that approximately 18.1% of the inmate population at the North Carolina Correctional Center for Women can be classified as mentally retarded (recorded IQ scores at 69 or below). While this percentage is exceptionally high, supporting data indicates that this subgroup of offenders differs significantly from the general population, showing more pathology in terms of both their presenting characteristics and their behavior in prison and on release.

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Conviction and offender status data indicate that a mentally retarded female offender is much more likely to be a repeater and more likely to have committed an assaultive crime on this current admission. Thirty percent (30%) of the mentally retarded female group are repeaters whereas only an estimated twenty percent (20%) of the general population falls into this category. More significantly, 63% of the mentally retarded female group has been convicted of an assaultive crime versus 43% of the general population.

Additional data indicates that these offenders are also different in their behavior while incarcerated. Twenty-eight percent (28%) of the mentally retarded female offender group were identified by members of the institutional classification committee as being "problems", that is, frequent requests for reassignment from both the inmate and the staff. Judgments from the committee staff indicate that this percentage of interaction is much higher than for the general population. Additionally, disciplinary reports indicate that 28% of the mentally retarded female group have been convicted of at least one infraction. This data, plus more subjective staff and inmate reports, seems to indicate that the mentally retarded female offender population is most problematic to staff, inmates and to themselves. This group requires staff time and attention to a degree that is disproportionate to their numbers. The above data continues to suggest that, while identification on a screening basis can be achieved, programs of specialized services must be developed in order to accommodate the needs of the mentally retarded female offender.

The same data indicates that, while the mentally retarded female offender is receiving more staff time and attention than a non-retarded offender, this effort is less effective. Further, the effort is not oriented about any mutually agreed upon habilitation or treatment plan.

GOALS

Qualitatively, it is expected that the mentally retarded female offender will experience an easier adjustment to prison. It is further expected that this improved adjustment will be readily visible to staff and residents alike. It is anticipated that the implementation of this project will result in improved, more effectively coordinated treatment of the mentally retarded female offender. With more adaptive adjustment, ongoing intervention will further provide opportunities and motivation for change, thus improving the prognosis for a successful readjustment to society.

Immediately the project will provide more effective, more accountable and consistent treatment, and a better functional understanding of the mentally retarded offender on the part of the institution staff. Over time, it is predicted that there will be a decrease in the length of incarceration and a lowering in the rate of recidivism. The addition of project personnel with expertise in working with the developmentally disabled, the resources of other agencies, and the training provided to all staff will result in increased staff efficiency in dealing with inmates who are deficient in adaptive behavioral functioning (a criterion that applies to the vast majority of female offenders).

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It is anticipated that 54 female offenders will be served by this project. The aimed age range will be 17 to 56 years old with the median being 27 and the mean being 26.2 years. Eighty-seven percent (87%) of the project participants are expected to be black (as compared to an expected 58%), 9% white (as compared to 38.5%) and 4% indian (as compared to 3%).

STRATEGIES

This project outlines a staffing pattern and operation designed to provide for the special needs of this group of developmentally disabled female offenders. The strategies are:

1. To provide staff who will work with these offenders and who will consult with other staff as they interact with these offenders; and

2. To develop individually tailored habilitation and release plans for these offenders.

The project is organized conceptually and structurally as in the Morrison project described above.

Program participants are identified by psychometric/behavioral means at the time of initial classification. These include observation by receptional officers, RBE screening and additional testing as necessary, and the use of formal adaptive behavior scales. Educational specialists complete educational and vocational assessments and initiate individual education plans. Psychologists complete all necessary testing and present recommendations for use by the institutional classification committee.

Prior to the identification process being completed, the D.D. Specialist will be notified of potential participants and begin an extensive interview process. They modify the admission orientation as needed and begin consultation with appropriate staff. The specialist acts as an "in-house" advocate to insure that the developmentally disabled female offender is properly evaluated.

At initial classification, the mutually decided upon habilitation plan for each participant is formalized and completed. The resident will be permanently assigned to the specialist's caseload regardless of any other characteristics, e.g., convicted youthful offender status, court recommended work release status, life sentence, etc.

The social workers, staff psychologists, and staff educational specialists will work continuously with the resident in order to develop a mutually agreed upon need-tailored treatment plan. Where applicable, the resident will participate in existing programs; where programs neither exist nor seem appropriate, such programs will be developed. The use of interagency resources will be developed as appropriate during this stage.

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The project social workers begin working with the participant, the family and the Parole Board on appropriate release plans. Eighteen months prior to release, individual Mutual Agreement Program contracts will be signed thereby formalizing the individual habilitation plan and specifying a release date. Throughout all stages, the project staff will provide other correctional staff with additional training and consultation to increase their effectiveness in dealing with mentally retarded female offenders.

RESULTS

The evaulation design of these projects is based upon the following criteria:

1. Institutional Adjustment; This is measured by the infraction rate, the percentage of sentence served prior to promotion to minimum custody status, and the percentage of sentence served prior to Parole or Conditional Release. A rule infraction may be a very serious event such as the possession of a weapon (major) or less serious such as the continued use of profane language (minor). In either case, a full incident report will be filed and due-process inquiry will be conducted by a Disciplinary Committee. The more infractions the less the degree of institutional adjustment. The general hypothesis to be tested is that inmates who participated in this program will have better adjustment (i.e. fewer infractions) than other developmentally disabled inmates who did not participate.

   The percentage of sentence served prior to promotion to minimum custody measures a more positive aspect of institutional adjustment than the infraction rate. Placement in minimum custody means that an inmate is assigned to a less secure facility and has the potential for unsupervised community and home visits. Department regulations require that every felon serve at least 10% of his/her sentence prior to becoming eligible for promotion. It is hypothesized that program participants will be promoted to minimum custody significantly earlier than other developmentally disabled inmates of the same age that did not participate in the program.

   Finally, the percentage of sentence served prior to Parole or Conditional Release is used as a measurement of adjustment. Before an inmate can be released under supervision, the Parole Commission must decide, based upon Prison staff recommendation, that an inmate's institutional behavior has been such that he/she may be assumed to have a good chance of leaving the institution without committing future criminal acts. It is hypothesized that the participants will be paroled/conditionally released earlier than other non-participant developmentally disabled offenders. Note that Parole and Conditional Release data must be compared separately as different North Carolina laws pertain to each and the release criteria are different.

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2. Community Adjustment; This is measured by whether or not the offender has his/her parole/conditional release revoked due to negative behavior while under one year supervised release. Revocation occurs only after a serious violation such as absconding or being convicted of another crime. It is hypothesized that program participants will have significantly fewer revocations than non-participant developmentally disabled offenders.

   A recidivism study cannot be carried out at this time due to the relatively short history of the project. The accepted standard is three years after release while this project has been operational slightly more than two years.

ANALYSIS

Infraction Rate. Infraction rates were calculated by determining how many infractions were committed by each inmate and then converting to a monthly figure. For example, if an inmate had three infractions in one year, the rate would be 0.25 per month; if he had three in six months the rate would be 0.50 per month. Besides the project participant group (MRP), two comparison groups were formed. The first was made up of all of the mentally retarded 18-21 year old inmates who for various reasons did not participate in the program (MRNP) while the second group comprised a random selection of 18-21 year old offenders who had I.Q. scores of 75 or greater (NMR). Analysis reveals a significant overall main effect, $F(2,195)=3.138$, $p<.05$, as well as revealing significant differences between the participant group and both comparison groups in the predicted fashion. This corroborates the hypothesis. The means and ANOVA are presented in Table 1. Note that the comparison groups MRNP and NMR did not differ in rate.

(Insert Table 1 about here)

Promotion Percentage. Promotion percentage was determined by dividing the amount of months served prior to promotion by the total months of sentence. For example, an inmate serving 120 months promoted to minimum custody in 24 months served 20%. Departmental rules state that except for unusual circumstances, an inmate must serve a minimum of 10% prior to promotion.

The means and ANOVA are presented in Table 2. Overall, analysis reveals a significant overall difference in the promotion rates between the groups in the predicted fashion, $F(2,170)=3.886$, $p<.025$. There were also significant differences between the participant group and the others when compared separately. This supports the prediction. It is again noted that the two comparison groups did not differ.

(Insert Table 2 about here)

Table 1
INFRACTION RATE OF PROGRAM PARTICIPANTS (MRP), NON PARTICIPANT RETARDED (MRNP) AND NON RETARDED INMATES (NMR)

	MRP	MRNP	NMR
n	89	40	69
means	0.136	0.251	0.227

OVERALL

SV	df	SS	MS	F
Total	197	16.197		
A	2	0.501	0.251	3.138*
S/A	195	15.696	0.080	

*p<.05

MRP vs. MRNP

SV	df	SS	MS	F
Total	128	11.150		
A	1	0.365	0.365	4.294*
S/A	127	10.785	0.085	

*p<.05

MRP vs. NMR

SV	df	SS	MS	F
Total	157	9.872		
A	1	0.319	0.319	5.230**
S/A	156	9.553	0.061	

**p<.025

MRNP vs. NMR

SV	df	SS	MS	F
Total	108	11.070		
A	1	0.016	0.016	0.155
S/A	107	11.054	0.103	

P>.05

Table 2
PERCENTAGE OF SENTENCE SERVED PRIOR TO PROMOTION TO MINIMUM CUSTODY

	MRP	MRNP	NMR
n	58	32	83
means	11.42%	16.08%	14.99%

OVERALL

SV	df	SS	MS	F
Total	172	13867.168		
A	2	606.317	303.159	3.886**
S/A	170	13260.851	78.005	

**p<.025

MRP vs. MRNP

SV	df	SS	MS	F
Total	89	7125.338		
A	1	447.824	447.824	5.902**
S/A	88	6677.514	75.881	

**p<.025

MRP vs. NMR

SV	df	SS	MS	F
Total	140	10246.775		
A	1	435.810	435.810	6.175**
S/A	139	9810.965	70.582	

**p<.025

MRNP vs. NMR

SV	df	SS	MS	F
Total	114	10,062.761		
A	1	27.300	27.300	0.307
S/A	113	10,035.461	88.809	

p>.05

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Parole/Conditional Release Rate. Due to differences in North Carolina law pertaining to Parole and Conditional Release, it was necessary to calculate the rates separately and perform separate comparisons. An inmate is eligible for Parole after serving a minimum of 25% of the total sentence, while those eligible for Conditional Release may be released at any time. The percentage was calculated by dividing the months served by the total months of sentence.

The means and ANOVA for Parole are presented in Table 3 and in Table 3a for Conditional Release. The results reveal no significant difference either in the overall effects or between any groups. This does not support the prediction that program participants would be released earlier than non-participants.

(Insert Table 3 about here)

(Insert Table 3a about here)

Revocation Rate. The Parole/Conditional Release revocation rate is calculated by totaling the number of offenders whose release was revoked during the project period divided by the total on release status. Project participants had significantly fewer revocations than other non-participant retarded offenders, Chi Square = 2.07, $p<.025$. There was no difference between the rates for project participants and the non-retarded comparison group while there were significant differences noted between the two comparison groups. Percentages and Chi Squares are presented in Table 4.

(Insert Table 4 about here)

DISCUSSION

The results of the present project suggest that providing institutionally based and community oriented case management deinstitutionalization services to mentally retarded youthful offenders greatly aids in their adjustment to the institution and to release status. The project participants had fewer infractions, were promoted to minimum custody faster, and had fewer revocations than either of the comparison groups. Only on the criterion of time to release did the participants not differ significantly though the data suggests a trend at least for the Parole figures.

The effect of fewer infractions means that these offenders are able to participate in the many educational and other programs offered in the institutions. For example, every participant also was enrolled in remedial reading and mathematics classes under ESEA Title I and in special education classes under ESEA Title VIB and state programs. With greater numbers of infractions this would be impossible due to disciplinary measures such as removal from programs (short term) or placement in disciplinary segregation for periods up to 15 days.

Table 3
PERCENTAGE OF SENTENCE SERVED PRIOR TO CONDITIONAL RELEASE

	MRP	MRNP	NMR
n	26	19	53
means	27.06%	27.89%	26.60%

OVERALL

SV	df	SS	MS	F
Total	97	10,870.624		
A	2	23.593	11.797	0.103
S/A	95	10,847.031	114.179	

p>.05

MRP vs. MRNP

SV	df	SS	MS	F
Total	44	4417.179		
A	1	7.595	7.595	0.074
S/A	43	4409.584	102.548	

p>.05

MRP vs. NMR

SV	df	SS	MS	F
Total	78	8508.057	3.684	0.033
A	1	3.684	110.446	
S/A	77	8504.373		

p>.05

MRNP vs. NMR

SV	df	SS	MS	F
Total	71	8803.431		
A	1	23.323	23.323	0.186
S/A	70	8780.108	125.430	

p>.05

Table 3a
PERCENTAGE OF SENTENCE SERVED PRIOR TO PAROLE

	MRP	MRNP	NMR
n	11	4	7
means	31.7%	44.5%	38.5%

OVERALL

SV	df	SS	MS	F
Total	21	5,979.73		
A	2	570.29	285.15	1.002
S/a	19	5,409.44	284.71	
			p>.05	

MRP vs. MRNP

SV	df	SS	MS	F
Total	14	5,278.747		
A	1	518.877	518.877	1.417
S/A	13	4759.870	366.144	
			p>.05	

MRP vs. NMR

SV	df	SS	MS	F
Total	17	2378.454		
A	1	199.470	199.470	1.465
S/A	16	2178.984	136.187	
			p>.05	

MRNP vs. NMR

SV	df	SS	MS	F
Total	10	3986.636		
A	1	106.602	106.602	0.247
S/A	9	3880.034	431.115	
			p>.05	

Table 4
PERCENTAGE OF OFFENDERS WHOSE PAROLE/CONDITIONAL RELEASE WAS REVOKED

	MRP	MRNP	NMR
n	44	34	760
Revoked	3	9	72
Percent	6.81%	26.47%	9.47%

	MRP	MRNP	NMR
MRP	-	2.07**	0.32
MRNP		-	2.91***

**p<.025
***p<.0025

Deinstitutionalization Services

Promotion to minimum custody means substantially greater opportunities for program participation. Inmates in minimum custody are eligible not only for institutional programs such as school, but are also eligible for unsupervised community programs and visits. This includes Work Release where an inmate holds full-time employment in the community and draws full wages, Study Release where inmates attend Community College or other community educational programs such as sheltered workshops, and the Home Leave Program which allows inmates to spend weekends at home with their families.

A benefit to the institutions also occurs with promotion. It costs approximately $15/day for every inmate in medium custody and about $10/day for every one in minimum. With an average sentence of 66 months, this results in about a 3.1 month promotion factor or a savings of about $500 per inmate.

The benefits that accrue to offenders by staying on release status rather than returning to the institution are large. They can maintain employment, live at home with their family and participate in a wide range of community services and programs. The savings to the institution are also immediate in terms of manpower and expenditure. This does not include the costs of court, etc., nor does it reflect the human savings in terms of emotional drain or the trauma associated with reincarceration.

The prediction that this project would aid offenders in reaching an earlier release date was not supported, although the data seems to suggest that with a larger number of participants a significant difference may be shown. Since all offenders are released under supervision by the Parole Commission, it is possible that the Commission's release criteria do not reflect judgment based upon whether or not the offender is developmentally disabled. Perhaps the data and results will change with the release of an additional 15-20 participants during the next year. Perhaps additional training for the Parole Commission would be appropriate.

Overall, this project seemed to aid the retarded inmate to better adjust to his situation while allowing for progressively responsible behavior through promotion and parole. The participants appeared better able to control impulses and better able to work with staff and other inmates. The project is still in operation and final data and analysis will be forthcoming.

REFERENCES

Asch, S. E., Effects of group pressure upon the modification and distortion of judgment. Journal of Social Psychology, 1950, 12, 437-465.

Grossman, H. J. (Ed.), Manual on terminology and classification in mental retardation. American Association on Mental Health Deficiency, Special Publication #9. Washington, D.C., 1973

Newcomb, T. M., Personality and social change. New York: Dryden, 1943.

President's Committee on Mental Retardation DHEW Publication No. 04DS 79-21017, October, 1978.

Santamour, M. and West, B., The retarded offender and corrections: a prescriptive package. Prepared for National Institute of Law Enforcement under Grant #75 NI 990125. 1976

Sherif, M., The psychology of social norms. New York: Harper, 1936.

Urbanik, R., Mutual agreement parole programming . In Fox, V.(Ed.), Proceedings: 21st Annual Southern Conference on Corrections. Tallahassee: Florida State University, 1976.